

PETTY CASH EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY	
PERIOD COVERED:	

MAKE CHECK PAYABLE TO:

City:									
State:		Zip:		-					
Vendor ID:		-				Suffix:			

RECONCILIATION OF ACCOUNT	
BALANCE PER LAST REPORT	
REIMBURSEMENT LAST REPORT	
TOTAL	
LESS AMOUNT CLAIMED ON THIS VOUCHER	
BALANCE IN BANK OR ON HAND	

DATE OF PAYMENT	PETTY CASH CHECK NUMBER	TO WHOM PAID	AMOUNT

DEPARTMENT OF ACCOUNTS	I CERTIFY THAT THE AMOUNT LISTED HEREIN IS CORRECT AND PROPER CALCULATIONS HAVE BEEN PERFORMED TO DETERMINE THE AMOUNT. FURTHER, THIS IS IN COMPLIANCE WITH APPLICABLE STATE REGULATIONS. INITIAL_____	TOTAL			
		TOTAL SHEET 2			
		TOTAL SHEET 3			
VOUCHER NUMBER		DATE(MMDDYY)		AMOUNT CERTIFIED FOR PAYMENT	

SEE ATTACHMENTS FOR CODING INFORMATION

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE		DUE DATE	REFERENCE DOC					
						DATE	NUMBER		MM DD YY	NUMBER		SX		
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	<input type="checkbox"/> CHECK IF CONTINUATION SHEET ATTACHED			
						NUMBER	SX							